

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME **Pan Fish USA Ltd.**  
ADDRESS **#124-1334 Island Hwy.  
Campbell River, BC V9W 8C9  
Canada**  
COUNTY **Thurston**  
FACILITY **Black River Facility**  
LOCATION **11405 Gate Road South  
Olympia, WA 98512**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

<b>WA0040801</b>
<b>PERMIT NUMBER</b>

(17-19)

<b>001</b>
<b>DISCHARGE NUMBER</b>

Monthly

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

**NOTE: Read instructions before completing this form.**

FROM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TO

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS							
Flow	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT		Report	MGD					N/A	01/30	CUM				
BOD <sub>5</sub>	SAMPLE MEASUREMENT														
	PERMIT MEASUREMENT		422 (May – Sept.)	Lbs/day					0	01/30	GRAB				
Ammonia	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT		169 (May – Sept.)	Lbs/day					0	01/30	GRAB				
Net Settleable Solids	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT					0.1	N/A	ml/L	0	02/30	GRAB				
Total Suspended Solids	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT					5.0	15.0	mg/L	0	01/30	GRAB				
pH	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						Report (May – Sept.)	S.U.	N/A	01/30	GRAB				
Hardness	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT						Report (May – Sept.)	mg/L	N/A	01/30	GRAB				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE			DATE						
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR	MO	DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)